

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF MATADOR PRODUCTION
COMPANY FOR A NON-STANDARD SPACING AND
PRORATION UNIT AND COMPULSORY POOLING,
LEA COUNTY, NEW MEXICO.

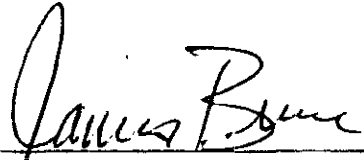
Case No. 15,363

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

James Bruce, being duly sworn upon his oath, deposes and states:

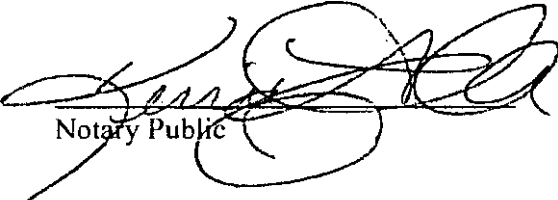
1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for Matador Production Company.
3. Matador Production Company has conducted a good faith, diligent effort to find the names and correct addresses of the interest owners entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the interest owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Attachment A.
5. Applicant has complied with the notice provisions of Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of August, 2015 by
James Bruce.

My Commission Expires 10-22-18

 OFFICIAL SEAL
KERRIE C. ALLEN
Notary Public
State of New Mexico


Notary Public

Oil Conservation Division
Case No. 15363
Exhibit No. 7

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruce@aol.com

June 30, 2015

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

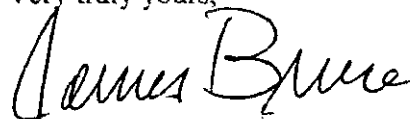
Ladies and gentlemen:

Enclosed is a copy of an application for compulsory pooling and a non-standard oil spacing and proration unit, filed with the New Mexico Oil Conservation Division by Matador Production Company, regarding a well in the W½W½ of Section 31, Township 18 South, Range 35 East, N.M.P.M., Lea County, New Mexico.

This matter is scheduled for hearing at 8:15 a.m. on Thursday, August 20, 2015, in Porter Hall at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from contesting the matter at a later date.

A party appearing in a Division case is required by Division Rules to file a Pre-Hearing Statement no later than Thursday, August 13, 2015. This statement must be filed with the Division's Santa Fe office at the above address, and should include: The names of the party and its attorney; a concise statement of the case; the names of the witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that need to be resolved prior to the hearing. The Pre-Hearing Statement must also be provided to the undersigned.

Very truly yours,



James Bruce

Attorney for Matador Production Company

Attachment



EXHIBIT A

Yates Energy Corporation			c/o Fred G. Yates or Juduan Prichard (Landman) P.O. Box 2323 Roswell NM 88202- 2323
Jalapeno Corporation			c/o Harvey E. Yates, Jr. or Isabel Zhang (Landman) P.O. Box 1608 Albuquerque, NM 87103-1608
Prime Energy Corporation			c/o Beverly A. Cummings, Executive Vice President 9821 Katy Freeway Suite 1050 Houston, TX 77024-6009
Roden Associates, Ltd.			c/o Ben Kinney 2603 Augusta, Suite 740 Houston, TX 77057
Roden Exploration Company, Ltd.			c/o Ben Kinney 2603 Augusta, Suite 740 Houston, TX 77057
Roden Participants, Ltd.			c/o Ben Kinney 2603 Augusta, Suite 740 Houston, TX 77057
S&C Construction Company			Steve Cosby P.O. Box 1509 Whitefish, MT 59937
Sherrfive, LP			Jeff Sherrick 812 Eagle Pointe Montgomery, TX 77316

Mary B. Attaya			5455 La Sierra Drive, Apt. 612 Dallas, TX 75231
Mary D. Hughes			c/o Taylor Hughes Mason 25 Highland Park Village, Suite 100 #819 Dallas, TX 75205
Edward G. Kadane			c/o Mike Gustofsen 4809 Cole Avenue, Suite 100, LB114 Dallast TX 75205
Matthew B. Kadane			c/o Mike Gustofsen 4809 Cole Avenue, Suite 100, LB114 Dallast TX 75205
Robert A. Kadane			518 17th Street, Suite 745 Denver, CO 80202
Brent Ray Robertson			8 Sleepy Hollow Witchita Falls, TX 76308
Chris Ann Wills			15955 Freemanville Road, Milton, GA 30004

7013 3020 0000 4603 9932

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Sherrlive, LP

Sent To: 812 Eagle Pointe
 Street, Apt. No. or PO Box No. Montgomery, TX 77316
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Mary D. Hughes
 25 Highland Park Village
 Suite 100 #819
 Dallas, TX 75205

2. Article Number: 7013 3020 0000 4603 9918
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *[Signature]* Date of Delivery: 8/15/13

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type:
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt *Mat-L*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Sherrlive, LP
 812 Eagle Pointe
 Montgomery, TX 77316

2. Article Number: 7013 3020 0000 4603 9932
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 8-8-15

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type:
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, July 2013 Domestic Return Receipt *Mat-L*

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	Mary D. Hughes

Sent To: Suite 100 #819
 Street, Apt. No. or PO Box No. Dallas, TX 75205
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary B. Attaya

5455 La Sierra Drive, Apt. 612
Dallas, TX 75231

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

7013 3020 0000 4603 9925

Mat-L

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Mary B. Attaya

C. Date of Delivery

8/5/15

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

S&C Construction Company

Sent To

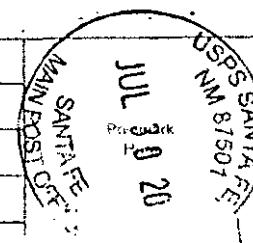
P.O. Box 1509

Street, Apt. No.,
or P.O. Box No.

City, State, ZIP+4

Whitefish, MT 59937

PS Form 3800, August 2006 See Reverse for Instructions



5266 E094 0000 020E ETOL

U.S. Postal Service CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Sent To

Mary B. Attaya

Street, Apt. No.,
or P.O. Box No.

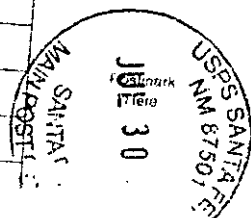
5455 La Sierra Drive, Apt. 612

City, State, ZIP+4

Dallas, TX 75231

PS Form 3800, August 2006

See Reverse for Instructions



5266 E094 0000 020E ETOL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S&C Construction Company

P.O. Box 1509

Whitefish, MT 59937

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

7013 3020 0000 4603 9949

Mat-L

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

STEVE COBBY

C. Date of Delivery

8/3/15

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Roden Associates, Ltd.

Roden Exploration Co., Ltd.

Roden Participants, Ltd.

2603 Augusta, Suite 740 Houston, TX 77057

2. Article Number

(Transfer from service label)

7013 3020 0000 4603 9956

PS Form 3811, July 2013

Domestic Return Receipt

Met-L

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Hubert E. Moore

☐ Agent

☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-11-15

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage

\$

Certified Fee

\$

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage & Fees

\$

Prime Energy Corporation

Sent To

9821 Katy Freeway Suite 1050 Houston, TX

77024-6009

City, State, ZIP+4

PS Form 3800, August 2008

See Reverse for Instructions

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage

\$

Certified Fee

\$

Return Receipt Fee

(Endorsement Required)

Restricted Delivery Fee

(Endorsement Required)

Total Postage &

Roden Exploration Co., Ltd.

Sent To

Roden Participants, Ltd.

Street, Apt. No., or PO Box No.

2603 Augusta, Suite 740 Houston, TX 77057

City, State, ZIP+4

PS Form 3800, August 2008

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Prime Energy Corporation

9821 Katy Freeway Suite 1050 Houston, TX

77024-6009

2. Article Number

(Transfer from service label)

7013 3020 0000 4603 9963

PS Form 3811, July 2013

Domestic Return Receipt

Met-L

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Debra Casey

☐ Agent

☒ Addressee

B. Received by (Printed Name)

Debra Casey

C. Date of Delivery

8/13/15

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7013 3020 0000 4603 9970

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT TM	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Jalapeño Corporation
Street, Apt. No. or PO Box No.	P.O. Box 1608
City, State, ZIP	Albuquerque, NM 87103-1608

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 8/5/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Chris Ann Wills</p> <p>15955 Freemanville Road</p> <p>Milton, GA 30004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Priority Mail Express[™]</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4603 9871</p>	

PS Form 3811, July 2013 Domestic Return Receipt *Met-L*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 8/5/15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Jalapeño Corporation</p> <p>P.O. Box 1608</p> <p>Albuquerque, NM 87103-1608</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail[®] <input type="checkbox"/> Priority Mail Express[™]</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 3020 0000 4603 9970</p>	

PS Form 3811, July 2013 Domestic Return Receipt *Met-L*

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT TM	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fee	
Sent To	Chris Ann Wills
Street, Apt. No. or PO Box No.	15955 Freemanville Road
City, State, ZIP+4	Milton, GA 30004

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4603 9987

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: **Robert A. Kadane**

Street, Apt. No., or PO Box No.: **518 17th Street, Suite 745 Denver, CO 80202**

City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Yates Energy Corporation
 P.O. Box 2323
 Roswell NM 88202-2323

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee
Pat Escalante

B. Received by (Printed Name)
Pat Escalante

C. Date of Delivery
AUG 4 2015

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4603 9987

Domestic Return Receipt

Mat-L

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert A. Kadane

518 17th Street, Suite 745 Denver, CO 80202

2. Article Number

(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee
Robert A. Kadane

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4603 9895

Domestic Return Receipt

Mat-L

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: **P.O. Box 2323**

Street, Apt. No., or PO Box No.: **Roswell NM 88202-2323**

City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

7013 3020 0000 4603 9987

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <u>Brent Robertson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Brent Ray Robertson 8 Sleepy Hollow Wichita Falls, TX 76308</p>		<p>B. Received by (Printed Name) <u>Brent Robertson</u> C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 12? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service)</p>		<p>7013 3020 0000 4603 9888</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt <u>Map - L</u></p>	

888 6094 0000 0203 E102

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To	Brent Ray Robertson
Street, Apt. No., or PO Box No.	8 Sleepy Hollow
City, State, ZIP+4	Wichita Falls, TX 76308

PS Form 3800, August 2008 See Reverse for Instructions

English

Customer Service

USPS Mobile

Register / Sign In



USPS Tracking®



Customer Service ›
Have questions? We're here to help.



Get Easy Tracking Updates ›
Sign up for My USPS.

Tracking Number: 70133020000046039901

Product & Tracking Information

Postal Product:

Features:
Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS/ITEM	LOCATION
August 3, 2015, 1:09 pm	Delivered	DALLAS, TX 75205

Your item was delivered at 1:09 pm on August 3, 2015 in DALLAS, TX 75205

August 2, 2015, 7:59 pm	Departed USPS Facility	DALLAS, TX 75260
August 1, 2015, 4:30 am	Arrived at USPS Facility	DALLAS, TX 75260
July 31, 2015, 2:39 am	Departed USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2015, 7:49 pm	Arrived at USPS Facility	ALBUQUERQUE, NM 87101
July 30, 2015, 4:22 pm	Departed Post Office	SANTA FE, NM 87501
July 30, 2015, 1:19 pm	Picked Up	SANTA FE, NM 87501

Track Another Package

Tracking (or receipt) number

HELPFUL LINKS

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FAQs

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Careers

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1066 6094 0000 0206 E102

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery (Endorsement Required)	Edward G. Kadane
Total Postage	Matthew B. Kadane

Sent To: 4809 Cole Avenue, Suite 100, LB114
Street, Apt. No. or PO Box No.
City, State, Zip: Dallas TX 75205

PS Form 3800, August 2006 See Reverse for Instructions

Postmark: JUL 31 2015 SANTA FE, NM 87501